

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece

|||||

Southern Health Services Partners
Autauga County Metro Jail
136 North Court Street
Prattville, AL 36067

A. Signature

X *J. McLaughlin*

Agent
 Addressee

B. Received by (Printed Name)

A. McLAUGHLIN 10-306

C. Date of Delivery

10-29-06

Address different from item 1? Yes
or delivery address below? No

3. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from) *7005 1820 0002 3461 0331*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article

|||||

Herbie Johnson, Sheriff
Autauga County Metro Jail
136 North Court Street
Prattville, AL 36067

A. Signature

X *P. McLaughlin*

Agent
 Addressee

B. Received by (Printed Name)

A. McLaughlin 10-306

C. Date of Delivery

10-29-06

Address different from item 1? Yes
Address below: No

3. Service Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service lab) *7005 1820 0002 3461 0355*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154